

WATER WELL REPORT

STATE OF WASHINGTON

Start Card

Water Right Permit No.

(1) OWNER: Name Robert Schaefer Address Freelano 7411 Robinson Rd

(2) LOCATION OF WELL: County ISLAND SE 1/4 NE 1/4 Sec 11 T. 29 N. R. 8 W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) 3208 Wilkes Rd

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☒ Other
☐ Irrigation ☐ Test Well ☐ Other

(4) TYPE OF WORK: Owner's number of well (if more than one)
Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 135 feet. Depth of completed well 135 feet.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 * Diam. from 0 ft. to 120 ft.
Welded ☒ * Diam. from _____ ft. to _____ ft.
Liner installed ☐ * Diam. from _____ ft. to _____ ft.
Threaded ☐ * Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☐
Type of perforator used _____
Size of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐
Manufacturer's Name Calk
Type SS 4126 Model No. _____
Diam. 6 Slot size 8 from 120 ft. to 135 ft.
Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☐ Size of gravel _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 18 ft.
Material used in seal BEAD & SET
Did any strata contain unusable water? Yes ☐ No ☐
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____
Type: _____ H.P. _____

(8) WATER LEVELS: Land-surface elevation above mean sea level 150 ft.
Static level 100' ft. below top of well Date 10/18/89
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☐ No ☐ If yes, by whom? _____
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)
Time Water Level Time Water Level Time Water Level

Date of test 10/4/89
Bailey test 20 gal./min. with 10' ft. drawdown after 4 1/2 hrs.
Artesian 20 gal./min. with stem set at _____ ft. for _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
COURT SAND + GRAVEL BA	0	12
Fine SAND Brown	12	60
MED SAND Brown	60	100
SAND W.W. Brown	100	135

Work started 9/12/89, 19. Completed 10/4/89, 19.

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Pat Driller (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address 1889 E Roy Rd

(Signed) Pat Driller License No. 0264
(WELL DRILLER)

Contractor's Registration No. _____ Date 10/4/89, 19

(USE ADDITIONAL SHEETS IF NECESSARY)